



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

State of New Jersey
GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE
PO BOX 345
TRENTON, NJ 08625-0345

NEIL VAN ESS
Acting Chairman

JOHN L. HULICK, MS, CPS
Executive Director

Council Subcommittee Application Form

GCADA is seeking membership for the four subcommittees of its Policy and Planning Committee: Criminal Justice; Mental Health and Co-Occurring Disorders; Military and Veterans; and, Treatment and Recovery.

The subcommittees' tasks are to review and advise the Council regarding services in each respective area as they relate to alcoholism and drug abuse. This includes identifying gaps, best practices and initiatives in the defined area. Recommendations will be made to the Policy and Planning Committee. A more detailed description of the subcommittees can be found in the Council's bylaws at <http://www.state.nj.us/treasury/gcada/>.

Please submit the attached questionnaire to be considered for membership. Include a biography and resume/curriculum vitae with the application. You may include articles, anecdotal accounts, and other documents that further illustrate your accomplishments.

All applications must be submitted to GCADA by July 31, 2012. Completed application should be sent to:

Governor's Council on Alcoholism and Drug Abuse
Subcommittee Membership Application
PO Box 345
Trenton, NJ 08625-0345

Submission checklist:

- ☐ Completed application questionnaire
- ☐ Questions 2-4 attached on a separate sheet of paper
- ☐ Short bio of the applicant
- ☐ Resume/CV of the applicant
- ☐ Articles, anecdotal accounts, other documents (optional)



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Subcommittee Application Form

Name: _____

Address: _____

Town and Zip Code: _____

Email: _____ Telephone: _____

Subcommittee Membership Questionnaire

1. Check off the subcommittee for which you are applying (apply for only one subcommittee, applicants indicating more than one choice will not be considered):

☐ Criminal Justice

☐ Mental Health and Co-Occurring Disorders

☐ Military and Veterans

☐ Treatment and Recovery

Please answer the following questions on a separate sheet of paper and attach to the questionnaire. Each answer must not exceed 200 words.

2. What is your experience in working with the identified population? Please describe your professional strengths or areas of expertise and how they would be applicable to subcommittee's core functions as described on page one.
3. What do you feel are the key issues facing the identified population? Please provide research references to support your conclusions, if appropriate.
4. How would your contributions be beneficial to the subcommittee? Please share any other information that will provide a better understanding of your interest and commitment.

Applicants selected for a subcommittee will be required to file a conflict of interest form with the GCADA.

I certify the information contained in the application is accurate and understand if selected to be a member of a subcommittee that I must file a conflict of interest form.

Signature

Date